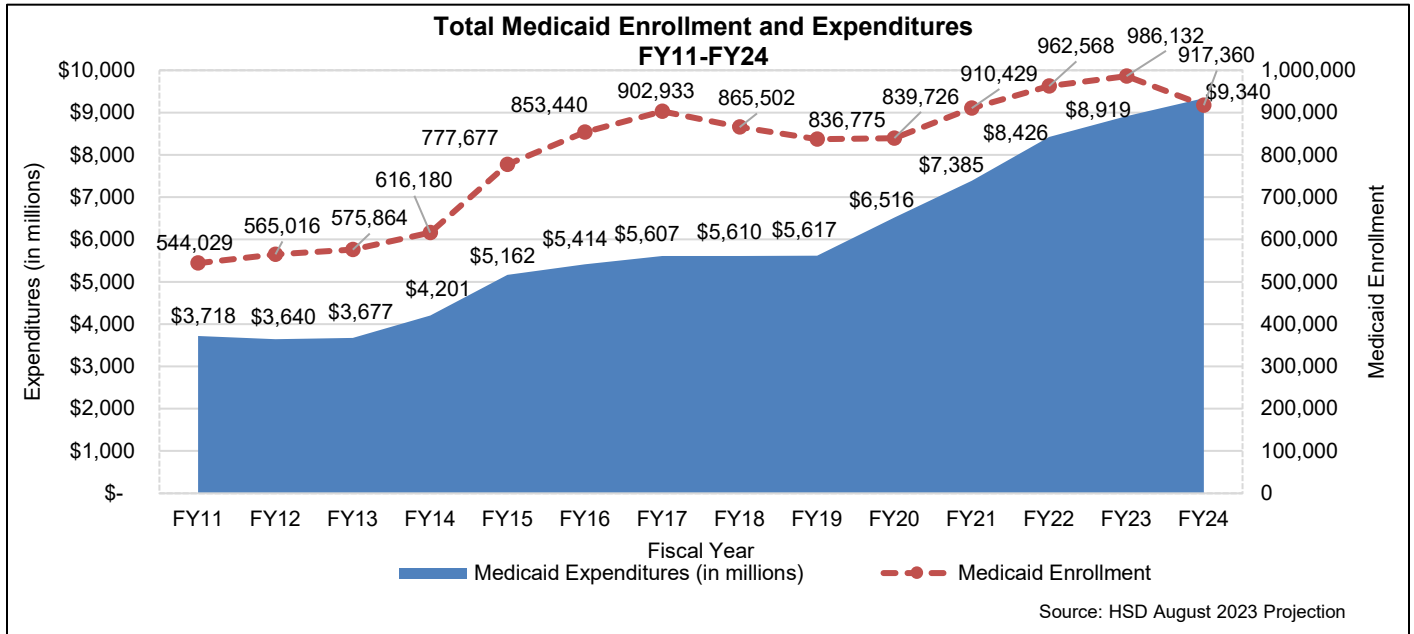


ACTION PLAN

Submitted by agency?	Yes
Timeline assigned?	No
Responsibility assigned?	No

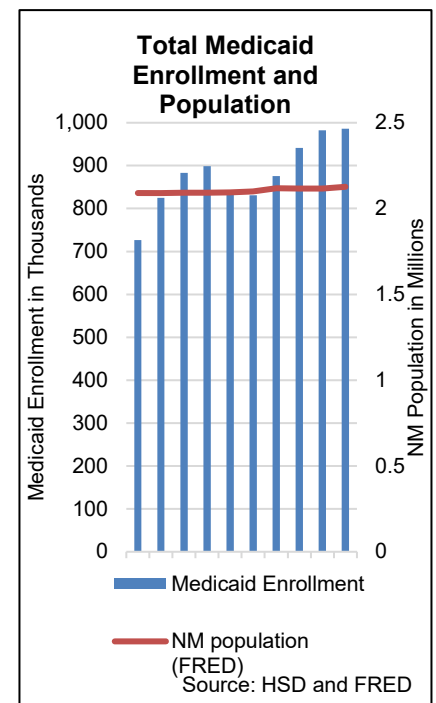
Close to half of the state’s population is enrolled in the Human Services Department’s Medicaid Program, making it the largest per capita Medicaid Program in the country. The program represents about 14 percent of the state’s general fund spending, but the program continues not to meet performance targets. Notably, maternal and child health performance is below targeted levels but did improve over FY22.

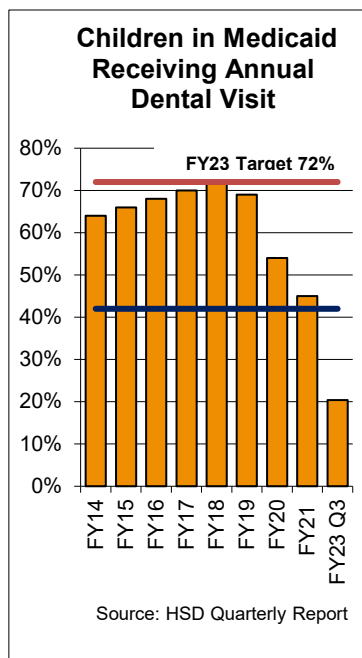


The Income Support Division’s (ISD) Temporary Assistance for Needy Families (TANF) Program reported only 7 percent out of a targeted 37 percent of recipients earned sufficient income to impact their eligibility to receive cash assistance. Supplemental Nutrition Assistance Program (SNAP) enrollments and recertifications are also behind federal targets.

Pandemic-Related Enrollment and Funds. The public health emergency (PHE), federal policy, and workforce participation impact the Medicaid program’s enrollment, utilization, costs, and outcomes. In 2020, the federal Families First Coronavirus Response Act included a 6.2 percent increase in the federal Medicaid matching rate. States were required to continue Medicaid eligibility for enrolled individuals through May 11, 2023 when the PHE ended. During the PHE, Medicaid enrolled over 170 thousand new members, for a total approaching 991 thousand members.

The Human Services Department reported 75 thousand disenrollments from Medicaid over the first three months of unwinding efforts. The most recent Medicaid projection for FY23 indicates a nearly \$40 million reduction in expenditures from the previous projection for centennial care physical health partially because of the disenrollments. The disenrollments may lead to further





downward adjustments in projected expenditures in future projections. Additionally, the department is projecting a total of 95 thousand disenrollments, but this may be a conservative estimate since the first half of unwinding resulted in 69 thousand disenrollments.

Medical Assistance Division

The Medicaid Program did not meet any of its performance during FY23. However, there was notable improvement over FY22 including well child visits, prenatal visits, and child and youth dental visits. For well child visits, HSD reports the reported rate is based on the Healthcare Effectiveness Data and Information Set (HEDIS), which are reported on a calendar year and do not align with the state fiscal year. MCO strategies to improve well-child visits include increasing outreach calls, instituting value-based contracts with providers, creating a reward program for well-child visit compliance, offering assistance with scheduling appointments and transportation, and implementing a member texting campaign.

Home Visiting. Participation in Centennial Home Visiting (CHV) remains low despite federal and Medicaid funding for the program. CHV provides in-home services to children and primary caregivers, seeks to improve maternal and child health and child development and school readiness, encourages positive parenting, and connects families to support in their communities. MAD will leverage the Centennial Rewards program to incentivize CHV participation, well child visits, and immunizations.

Budget: \$7,269,255.3 **FTE:** 219.5

	FY21 Actual	FY22 Actual	FY23 Target	FY23 Actual	Rating
Infants in Medicaid managed care who had six or more well-child visits with a primary care physician during their first 15 months*	51%	45%	N/A	63%	
Children and adolescents ages 3 to 21 enrolled in Medicaid managed care who had one or more well-care visits during the measurement year*	39%	17%	67%	44%	R
Children ages 2 to 20 enrolled in Medicaid managed care who had at least one dental visit during the measurement year	56%	38%	72%	57%	R
Hospital readmissions for children ages 2 to 17 within 30 days of discharge	7%	7%	<5%	7%	R
Hospital readmissions for adults 18 and over within 30 days of discharge	9%	11%	<8%	9%	Y
Emergency department use categorized as nonemergent care	50%	53%	45%	57%	R
Newborns with Medicaid whose mothers received a prenatal care visit in the first trimester or within 42 days of enrollment in the managed care organization*	70%	60%	83%	80%	Y
Medicaid managed care members ages 18 through 75 with diabetes, types 1 and 2, whose HbA1c was <9 percent during the measurement year*	53%	77%	86%	52%	R
Program Rating	Y	R			R

*Measures are HEDIS measures, which represent a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. The most recent unaudited data available reported under FY22 actuals includes the last quarters of FY22. The data for HEDIS measures is preliminary and will be finalized in June 2023.

The Office of Superintendent of Insurance (OSI) implemented network adequacy compliance reporting requirements for commercial health insurance beginning January 1, 2022. OSI also implemented more rigorous standards for existing network adequacy compliance reporting.

Medicaid MCOs should be required to comply with OSI regulations for network adequacy and reporting as well as federal requirements.

Income Support Division

The Income Support Division’s (ISD) fell short of all performance targets. Temporary Assistance for Needy Families (TANF) and Supplemental Nutrition Assistance Program (SNAP) caseloads continued to decline from the previous year. The performance measure “TANF recipient’s ineligible for cash assistance due to work-related income” reflects adults whose new employment income exceeded TANF guidelines. Despite unemployment substantially declining in New Mexico, just 7 percent of TANF recipients were ineligible for cash assistance due to work-related income.

The Workforce Solutions Department (WSD) is partnering with ISD to collaborate on employment placements for TANF Career Link Program and Wage Subsidy Program participants. WSD started a campaign called “Ready NM” with access to training, education, and employment resources that can assist TANF participants. HSD reports it is not meeting timeliness requirements for SNAP enrollments. Enrolling 95 percent of expedited cases within a seven-day timeframe is required by the federal government, unless there is a waiver. ISD reports it has a special dedicated team to work on enrolling expedited cases and is working with WSD and Department of Health to identify staff to work overtime to assist with outstanding recertifications as well as contracting with temporary staff.

HSD’s partnership with the Workforce Solutions Department (WSD) does not yet appear to be positively affecting work program performance outcomes for TANF participants. WSD is slated to assist TANF participants with gaining skills, experience, and resources to improve the family’s financial stability, find employment, and earn living wages.

WSD previously reported staffing issues. However, at the end of FY22, WSD’s TANF program reported a vacancy rate of only 8 percent. With TANF caseloads declining, low statewide unemployment, and more WSD staff, TANF outcomes could rebound to pre-pandemic levels.

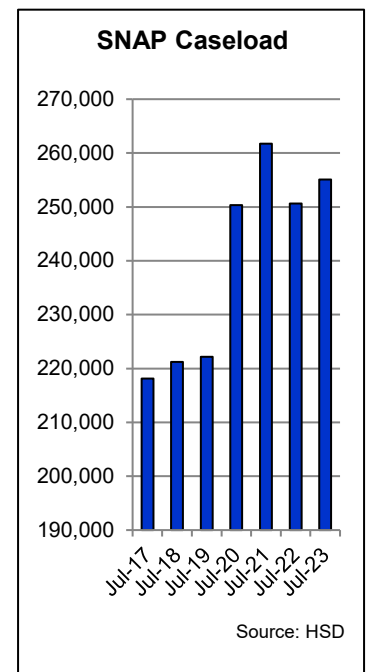
Budget: \$1,086,913.5 **FTE:** 1,134

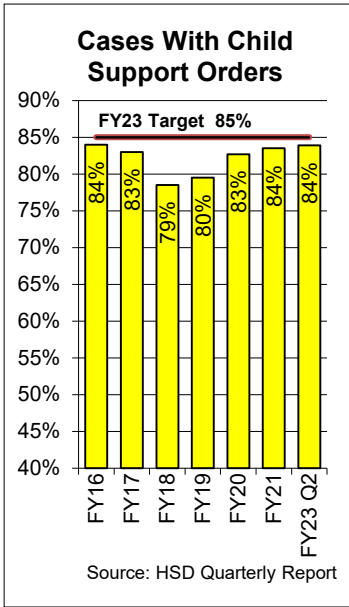
	FY21 Actual	FY22 Actual	FY23 Target	FY23 Actual	Rating
Regular Supplemental Nutrition Assistance Program cases meeting the federally required measure of timeliness of 30 days	99%	96%	98%	38%	R
Expedited Supplemental Nutrition Assistance Program cases meeting federally required measure of timeliness of seven days	99%	92%	98%	64%	R
Temporary Assistance for Needy Families recipients ineligible for cash assistance due to work-related income	8%	2%	37%	7%	R
Two-parent recipients of Temporary Assistance for Needy Families meeting federally required work requirements	8%	3%	52%	12%	R
All families receiving Temporary Assistance for Needy Families meeting federally required work requirements	9%	3%	37%	10%	R
Program Rating	Y	R			R

*Measure is classified as explanatory and does not have a target.

Child Support Enforcement Division

The Child Support Enforcement Division (CSED) is modernizing the program to set accurate child support obligations based on the noncustodial parent’s ability to pay alongside increasing consistent and on-time payments to families, moving nonpaying cases to paying status, improving child support collections, and incorporating technological advances that support good customer service and cost-effective management practices. CSED expected performance to improve with these efforts; however, performance for all CSED performance metrics fell short of targeted levels, but were close to meeting targets in a few areas.





CSED reported child support collections totaled \$121 million, resulting in collections falling short of the FY23 target of \$145 million. Beginning in January 2023, the distribution of child support payments moved to a Families First model, with more payments going directly to families and children rather than for TANF recoveries. This change was slated to improve the performance of child support owed that is collected.

Budget: \$35,995.4 FTE: 370

	FY21 Actual	FY22 Actual	FY23 Target	FY23 Actual	Rating
Noncustodial parents paying support per total cases with support orders	56%	52%	58%	50%	R
Total child support enforcement collections, in millions	\$147.4	\$130.3	\$145	\$121	R
Child support owed that is collected	61%	58%	60%	58%	Y
Cases with support orders	84%	83%	85%	84%	Y
Total dollars collected per dollars expended	\$2.90	\$2.69	\$4.00	Annual	
Average child support collected per child	NEW	\$127.9	N/A	\$124.5	
Program Rating	R	R			Y

*Measure is classified as explanatory and does not have a target.